

Wellness Activity Liability Acknowledgement Form

INFORMED CONSENT AND RELEASE FROM LIABILITY

EMPLOYEE NAME: _____

EMPLOYER: _____

I understand that my participation in Worksite Wellness Program activities is strictly voluntary and is not a requirement of my employment with the State of North Carolina or any State agency. I am aware that I should consult with a physician before I undertake any physical exercise program. I will not, nor will anyone acting on my behalf, hold the State of North Carolina, or any of its agencies, officers, agents, or employees, responsible for any injuries that might occur from my participation in a wellness activity.

I acknowledge that I have read this Wellness Activity Liability Acknowledgement Form and that I am freely and voluntarily signing it.

EMPLOYEE SIGNATURE: _____

DATE: _____

[Worksite Wellness Policy](#)